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| <b>TRANSMITTAL FORM</b><br><br><small>(to be used for all correspondence after initial filing)</small> | Application Number     | 09/700,316-Conf. #4171 |
|  | Filing Date            | November 14, 2000      |
|  | First Named Inventor   | Lars-Olof Ohberg       |
|  | Art Unit               | 3714                   |
|  | Examiner Name          | Benjamin W. Lee        |
| Total Number of Pages in This Submission   | Attorney Docket Number | 69993-254103           |

| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div>Remarks</div>   |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                           |          |        |
|--|---------------------------|----------|--------|
| Firm Name                                  | VENABLE LLP               |          |        |
| Signature                                  |                           |          |        |
| Printed name                               | Michael A. Sartori, Ph.D. |          |        |
| Date                                       | February 19, 2008         | Reg. No. | 41,289 |